

Commonwealth of Pennsylvania - Campaign Finance Report

(Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By (Mark X)	Candidate	<input checked="" type="checkbox"/> Committee	<input type="checkbox"/> Lobbyist
Name of Filing Committee, Candidate or Lobbyist: CARL ANDERSON II				
Street/Address: 3835 PARADE BLVD				
City: EDINBURGH	State: PA	Zip Code: 16504		

Type of Report (Place x under report type)

1-6 th Tuesday Pre-Primary	2-2 nd Friday Pre-Primary	3-30 Day Post Primary	4-6 th Tuesday Pre-Election	5-2 nd Friday Pre-Election	6-30 Day Post Election	7- Annual	Special 2 nd Friday Pre-Election	Special 30 Day Post-Election
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date Of Election (MM/DD/YYYY): 11/7/2017		Year: 2017		Amendment Report: <input type="checkbox"/>		Termination Report: <input type="checkbox"/>		

Summary of Receipts and Expenditures	From Date: 10/24/2017	To Date: 11/27/2017	For Office Use Only
A- Amount Brought Forward From Last Report	\$		<div style="text-align: center;"> <p>2017 DEC -6 PM 1:03</p> <p>ERIE COUNTY</p> <p>VOTER REGISTRATION</p> </div>
B- Total Monetary Contributions and Receipts (From Schedule I)	\$		
C- Total Funds Available (Sum of Lines A and B)	\$		
D- Total Expenditures (From Schedule III)	\$	\$5,000.00	
E- Ending Cash Balance (Subtract Line D from Line C)	\$		
F- Value of In-Kind Contributions Received (From Schedule II)	\$		
G- Unpaid Debts and Obligations (From Schedule IV)	\$	\$5,000.00	

Affidavit Section

Part I- If this is a Committee report, treasurer sign here. If this is a Candidate report, candidate sign here.

I swear (or affirm) that this report, including the attached schedules on paper, is to the best of my knowledge and belief true, correct and complete.

Sworn to and subscribed before me this 4 day of DEC 20 17

Signature: [Signature]

My Commission Expires 3-4-17

Signature of Person Submitting Report: [Signature]

Printed Name: CARL ANDERSON II

Area Code: (814) Daytime Telephone Number: 824-5651

Part II- If this is a report of a Candidate for Public Office, candidate shall sign here.

I swear (or affirm) that to the best of my knowledge and belief this political committee has not violated any provisions of the Act of June 3, 1937 (P.L. 1333, NO. 320) as amended.

Sworn to and subscribed before me this 4 day of DEC 20 17

Signature: [Signature]

My Commission Expires 3-4-17

MO. DAY YR.

Signature of Candidate: _____

Printed Name: _____

Area Code: _____ Daytime Telephone Number: _____

COMMONWEALTH OF PENNSYLVANIA
 NOTARIAL SEAL
 John P. Wilson, Notary Public
 Brook Twp., Erie County
 My Commission Expires March 4, 2018
 MEMBER, PENNSYLVANIA ASSOCIATION OF NOTARIES

SCHEDULE III
Statement of Expenditures

Filer Identification Number				
To Whom Paid		Date (MM/DD/YYYY)		\$
Committee to Elect Carol Hunsicker		2/17/2017		15,000.00
House #	Street Address	Description of Expenditure		
0830	PAZARIE BLVD			
City	State	Zip Code		
ELIZABETH	PA	16504		
To Whom Paid		Date (MM/DD/YYYY)		\$
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date (MM/DD/YYYY)		\$
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date (MM/DD/YYYY)		\$
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date (MM/DD/YYYY)		\$
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date (MM/DD/YYYY)		\$
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date (MM/DD/YYYY)		\$
House #	Street Address	Description of Expenditure		
City	State	Zip Code		
To Whom Paid		Date (MM/DD/YYYY)		\$
House #	Street Address	Description of Expenditure		
City	State	Zip Code		